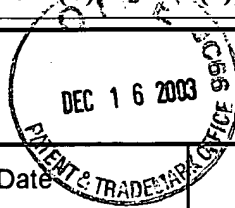


**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**  
**(Under 37 CFR 1.97(b), or 1.97(c))**

Docket No.  
 CPC-10003/22

In Re Application Of: **Scott Wepfer**



Serial No.  
 10/645,951

Filing Date  
 August 22, 2003

Examiner

Group Art Unit

Title: **TOPICAL ANESTHETIC FORMULATION**

Address to:

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**37 CFR 1.97(b)**

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

**37 CFR 1.97(c)**

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

☐ the statement specified in 37 CFR 1.97(e);

**OR**

☐ the fee set forth in 37 CFR 1.17(p).

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**

(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.  
CPC-10003/22

In Re Application: Scott Wepfer

DEC 16 2003

Serial No.

10/645,951

Filing Date:

August 22, 2003

Examiner

Group Art Unit

**TOPICAL ANESTHETIC FORMULATION****Payment of Fee**

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account 07-1180 as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☐ Credit any overpayment.
- ☒ Charge any additional fee required.

**Certificate of Transmission by Facsimile\***

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. \_\_\_\_\_) on \_\_\_\_\_

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I certify that this document and fee is being deposited on Dec. 16, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Janice R. Kuehn*  
Signature of Person Mailing Correspondence

Janice R. Kuehn

Typed or Printed Name of Person Mailing Certificate

\*This certificate may only be used if paying by deposit account.

*Avery N. Goldstein*  
Signature

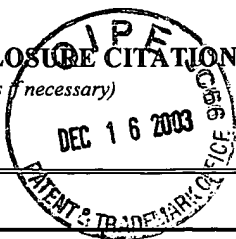
Dated: Dec. 16, 2003

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# INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)



Docket Number (Optional)

CPC-10003/22

Application Number

10/645,951

Applicant(s)

Scott Wepfer

Filing Date

August 22, 2003

Group Art Unit

## U.S. PATENT DOCUMENTS

*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
		3,832,460	08/27/1974	Kosti	424	54	
		4,808,410	02/28/1989	Sorrentino et al.	424	435	
		5,900,249	05/04/1999	Smith	424	443	

## FOREIGN PATENT DOCUMENTS

	REF	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	Translation	
							YES	NO

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)


EXAMINER

DATE CONSIDERED

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.